

Introduction

Managing Mass Fatalities: A Toolkit for Planning was created by the Santa Clara County Public Health Department Advanced Practice Center (APC) with the guidance of the Santa Clara County Medical Examiner-Coroner's Office for the National Association of County and City Health Officials (NACCHO). This guide has been developed to serve as a resource for local public health agencies and medical examiner/coroner offices to develop a plan to manage mass fatalities.

Several mass fatality incidents have occurred in recent years. Natural disasters like the Indian Ocean Tsunami on December 6, 2004 (~250,000 deaths) and Hurricane Katrina (1,464 deaths) and acts of terrorism such as the September 11, 2001 tragic events (nearly 3,000 deaths) and the bombing in Oklahoma City (169 deaths) have demonstrated that the fatality management infrastructure is vulnerable to overwhelming events. The need to recognize and strengthen fatality management planning and response is critical if we are to be prepared for the possibility of incidents like these as well as for a worst-case scenario pandemic influenza, a hazard from which no community will be immune.

This toolkit is consistent with the U.S. Department of Homeland Security's *National Response Plan*. The *National Response Plan* "is an all-discipline, all-hazards plan intended to establish a single, comprehensive framework for managing domestic incidents....Its premise is that while the combined expertise and capabilities of all levels of government will likely be required in the prevention of, preparedness for, and response to domestic incidents, the primary management of an incident should occur at the lowest possible geographic, organizational, and jurisdictional level."¹

Emergency Support Function (ESF) # 8, the Health and Medical Services Annex of the *National Response Plan*, states that Federal assistance to supplement State and local mass fatality resources will be coordinated by the Department of Health and Human Services, the primary agency for ESF #8. The scope of ESF #8 includes: public health, medical, mental health services, and mortuary services, all of which have a role in mass fatality management.

At the local level, it is unusual to find public health, medical, mental health services, and mortuary services in one department or agency. Oftentimes, public health, medical, and mental health may be within one agency, but mortuary services, or the Medical Examiner/Coroner Office, may be located within the Sheriff's Department, as it is in Santa Clara County.

Medical examiners and coroners make up the medico-legal death investigation system in the

¹ U.S. Department of Homeland Security, *National Response Plan*, December 2004.

United States and are the lead organization in mass fatality management. A medical examiner is a public official who investigates by inquest any death not due to natural causes, is a qualified physician, often with advanced training in forensic pathology (the application of medical knowledge to questions of the law), and is usually an appointed position. A coroner is a public officer whose primary function is to investigate by inquest any death thought to be of other than natural causes. The medico-legal death investigation system in the United States has coroner-only systems; medical examiner systems; mixed systems (some counties are served by coroners, others by medical examiners); and referral systems, in which a coroner refers cases to a medical examiner for autopsy. Identifying the medico-legal death investigation system in your jurisdiction and determining who is responsible for mass fatality management is critical to initiating mass fatality management planning.

This toolkit will assist you in mass fatality management planning at the local level. A mass fatality plan is the responsibility of the Medical Examiner and/or Coroner Office that is assigned that responsibility by State statute; however, partnership with other agencies, departments, and organizations that are involved in response is essential. Public Health has key roles in mass fatality management that include, at a minimum, health surveillance; worker health/safety; radiological/chemical/biological hazards consultation; public health information; and vector control. The Medical Examiner and/or Coroner Office and Public Health have the potential to be strong partners in leading community mass fatality planning. Effective planning is basic to building sound relationships with the other major players in a mass fatality scenario, to educating the response community regarding the medical examiner/coroner (ME/C) responsibilities and the responsibilities of other key departments and agencies, and to a successful response. Well-organized and realistic plans that involve key local stakeholders will:

- improve local capability, and
- facilitate quicker response and more effective integration of resources from all levels of government.

The end result will be more timely identification of victims and an enhanced, coordinated response to make it possible to meet the multiple needs of victims and families in the event of a mass fatality incident.

The care and management of the dead—the focus of this toolkit—is one of the most difficult aspects of disaster response and recovery operations. It is important for medical examiners, coroners and public health to understand that the expectations of family members of mass fatality incident victims—and by extension the general public, politicians, and the media—regarding identification, return of victims to family and loved ones, and information will be high.

Mass Fatality 101

Mass Fatality Definition

A mass fatality incident, by definition, is any situation where more deaths occur than can be handled by local medical examiner/coroner resources. There is no minimum number of deaths for an incident to be considered a mass fatality incident because communities vary in size and resources.

A mass fatality incident may be caused by natural hazards (e.g., earthquakes, floods and hurricanes), human-related hazards (e.g., airline accidents and bridge or tunnel collapses), and pro-active human hazards (e.g., terrorist acts).

A mass fatality becomes a catastrophic mass fatality when, as defined in California, the “loss of life overwhelms the state’s mutual aid system and requires extraordinary support from state, federal, and private resources.”² This definition may vary from state to state. However, in all states, a catastrophic mass fatality is likely to trigger disaster declarations at the state and federal level, and a federal disaster declaration will mobilize an array of resources to support state and local response and recovery efforts.

Regardless of the size of the mass fatality incident, the ME/C is the legal authority to conduct victim identification (or augment the lead investigative agencies to complete victim identification), determine the cause and manner of death, and manage death certification. The ME/C is also responsible for other medico-legal activities, such as notification of next of kin.

Four Factors Impacting the Identification of Decedents in a Mass Fatality

There are four factors that impact the processing of human remains and identification of decedents in a mass fatality incident. The factors are:

- Number of fatalities.
- Decedent population (open or closed).
- Availability of antemortem information.
- Condition of remains (complete or fragmentary, commingled remains).

Number of Fatalities: The number of deceased is a significant driver in the amount and type of resources needed to search, recover and identify the dead. In general, the higher the number of decedents, the more resources required to manage and process the dead.

² State of California Governor’s Office of Emergency Services’ *The California Mass Fatality Management Guide: A Supplement to the State of California Coroners’ Mutual Aid Plan* (September 2007)

Decedent Population: There are two types of decedent groups—closed populations and open populations.

In a closed population, the number of victims and their names are known. A commercial airline accident is one of the few examples of a closed population. The combination of ticket purchasing procedures, positive identification checks, and airport security provide forensic responders with a reliable list of victims.

On the other hand, an open population is one in which neither the number of victims nor their names are known. A good example of an open population is the September 11, 2001 World Trade Center mass fatality. Determining those who were reported missing by friends or relatives (initially 10,000) from those who were confirmed missing (2,749) took time.

An open population will generally require more time and resources to process and identify the dead than a closed population.

Availability of Antemortem Information: Collection and examination of antemortem information to help identify decedents can begin immediately in a closed population incident, such as a commercial airline accident. In an open population incident, the process of examining antemortem information does not begin until those who are confirmed missing are identified.

Condition of Remains: Fragmented and commingled human remains require a significantly longer examination process. Whether the population is open or closed also makes a difference. With a closed population, forensic investigators work to identify all of the victims, with an understanding that not all remains will be identified due to the technological limitations of DNA. In an open population when there is high-fragmentation and commingling of human remains, the focus must be on identifying all remains as the number and names of the decedents are not known.

These four factors will drive the personnel and other resources that are needed, how long the identification will take, and the methods that are used for identification. The interplay of these factors reveals the potential for positive identifications and how the examination process will be conducted.

Decedent Operations

Mass fatality decedent operations include specific ME/C responsibilities and decedent operations carried out by other organizations. Decedent operations—basically the mass fatality management infrastructure—entail a diverse group of stakeholders from public and private sectors that involve multiple agencies within government and multiple private businesses. At present there is no policy, regulation, or agency that unifies these stakeholders. Planning, and the relationships and partnerships developed through planning, facilitates mass fatality management.

ME/C decedent operations include:

- Human Remains Recovery.
- Morgue Services.
- Family Assistance (ME/C activities).

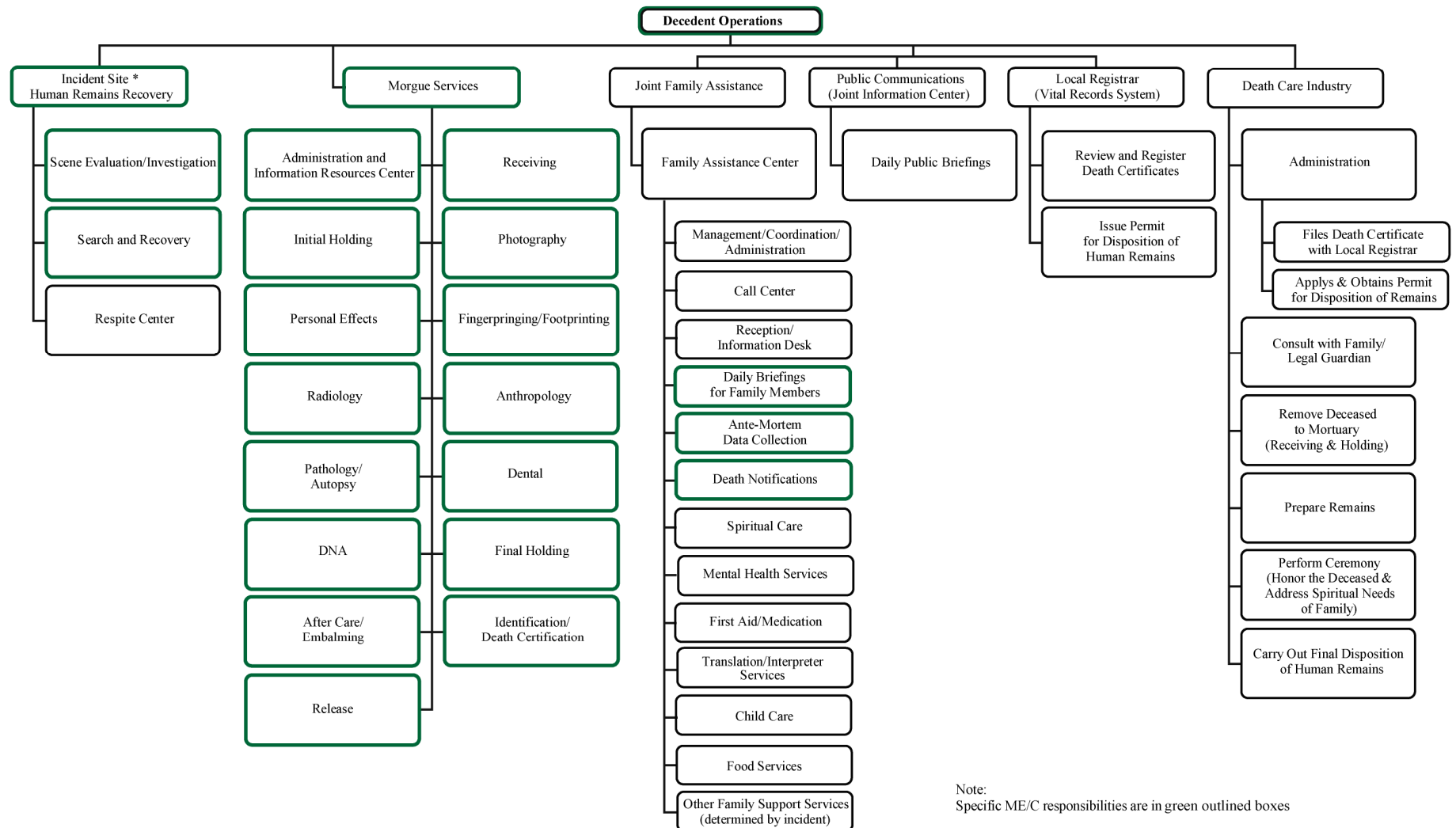
Other decedent operations which require coordination and cooperation include:

- Family Assistance (Non-ME/C activities).
- Public Communication.
- The Vital Records System.
- The Death Care Industry.

The chart on the following page depicts the mass fatality infrastructure—the range of decedent operations and activities that may be needed to manage a mass fatality incident.

If any part of the mass fatality infrastructure—human remains recovery, morgue services, family assistance, public communication, the vital records system, and the death care industry—is not prepared and able to carry out its critical function, the entire mass fatality infrastructure will be impacted.

Example Organization Chart Depicting the Decedent Operations that May Be Required in the Event of a Mass Fatality



* In a worst case pandemic influenza or similar infectious disease, there is no single incident site.

Note:
Specific ME/C responsibilities are in green outlined boxes

Responsibilities of other organizations that are not under the direct control of the ME/C Office are in black outlined boxes

The planning process is a time when all organizations involved in decedent operations at the local level can begin to build the collaboration and partnership that will be essential to managing a mass fatality incident.

Mass Fatality Management

Adherence to the National Incident Management System (NIMS), is a federal government requirement for all emergency planning, response, and recovery. It was adopted in order to achieve unified, single-agency and interagency management in emergency response. The central purpose of NIMS is to ensure a comprehensive national framework designed to efficiently support incident management, regardless of the size, nature, or complexity of the event. In California, integration of the Standardized Emergency Management System (SEMS) with NIMS is required.

Under NIMS and SEMS, the framework of operations is the Incident Command System (ICS). NIMS requires the use of the ICS by all levels of government and by healthcare organizations.

The purpose of the ICS is to provide an interdisciplinary and flexible management system that is adaptable to an incident of any kind or size. The ICS defines a clear chain-of-command and provides logistical and administrative support to operational staff responding to an incident.

The ME/C Office manages and organizes response to a mass fatality incident by using the Incident Command System. This allows:

- The ME/C Office to integrate its operations with other local agencies and departments.
- Responding Federal, State, and regional agencies deployed to the local jurisdiction to integrate into the local command and control structure.
- Eligibility for federal preparedness assistance and for reimbursement after a mass fatality incident.

Use of the ICS contributes significantly to multiple agencies and organizations working successfully together.

Local Agencies Involved in Mass Fatality Response and Recovery

Mass fatality response and recovery will involve a wide range of local government agencies. The number of local agencies involved in a mass fatality incident will depend on the nature of the incident—the number of anticipated deaths; the number of injured survivors, the scope of destruction/level of difficulty of recovery; and whether or not there are possible biological, chemical, physical, or radiological hazards.

Local agencies and departments in the jurisdictional area that will be involved are:

- Law enforcement.
- Fire and Rescue/Hazardous Materials.
- Emergency Medical Services.
- Hospitals.
- Public Health.
- Mental Health.
- Social Services.
- Environmental Health.
- General Services Agency/Facilities and Fleet/Public Works.
- Procurement.
- Public Affairs.
- Office(s) of Emergency Services.

In addition to these governmental agencies and departments, the private sector plays a critical role. Private sector involvement includes:

- Death Care Industry (funeral homes, crematories and cemeteries).
- Spiritual Care Community.
- Nonprofit organizations.
- Volunteers.

Support for Mass Fatality Workers

The physical, mental, emotional, and spiritual demand placed upon mass fatality workers involved in the search and recovery, transportation, morgue services, and family assistance operations exceeds that of any event typically encountered in daily life and work. Providing appropriate support and care for staff who are involved in a mass fatality is critical.

Support for workers includes:

- Work practice and administrative controls (e.g., time off, breaks, and monitoring how staff and volunteers are holding up over time).
- Providing personal protective equipment appropriate to the hazard and level of exposure.
- Helping staff and volunteers cope with the common stress symptoms that result from mass fatality work and preventing/mitigating traumatic stress and its symptoms—physical illness and disease, mental and psychological disorders, and relationship problems.

Research shows that the closer an individual works with traumatized victims, the more likely he or she will experience secondary trauma. Emotional and spiritual support can help minimize the vicarious trauma impact on personnel who are directly supporting victims.

Four Guiding Principles for Mass Fatality Response

There are four guiding principles in response:

- Provide honest and accurate information at every stage.
- Respect the deceased and the bereaved.
- Maintain a sensitive and caring approach that values addressing the needs of families and loved ones.
- Follow procedures and protocols that will lead to confirmed identifications of decedents and avoid mistaken identifications.

Mass Fatality Management Toolkit Objectives

Managing Mass Fatalities: A Toolkit for Planning provides scalable, operational direction and tools for developing a mass fatality management plan, including:

- An organizational structure for a mass fatality plan.
- Guidance in determining a plan's purpose, objectives, applicability and scope.
- A sample concept of operations.
- Guidance regarding incident notification and criteria for determining activation levels.
- A sample description of command and control.
- Critical information for mass fatality management's decedent operations:
 - Human Remains Recovery.
 - Morgue Services.
 - Family Assistance.
 - Public Communications.
 - Death Registration and Disposition Permits.
 - Final Disposition of Human Remains.
- Suggestions for Mass Fatality Plan responsibilities for maintenance and future development.
- Security requirements.
- Information on mass fatality management software.
- Staff and volunteer management guidance.
- Family concerns and cultural/religious considerations.
- Infection and other health and safety threats guidance.
- Pandemic influenza considerations.

How to Use this Toolkit

This toolkit is organized so that planning can be organized by section with the primary stakeholders involved where their experience and expertise is most relevant.

Sections

The organization of this toolkit mirrors the organization of an emergency preparedness plan for managing mass fatalities. It is organized as follows:

Mass Fatality Plan Section	Lead Stakeholder(s)
Planning Context (Purpose and Objectives; Applicability and Scope; Assumptions, and Authorities and References)	Mass Fatality Planning Executive Team
Concept of Operations	
Incident Notification and Plan Activation	
Command and Control	Mass Fatality Planning Executive Team and jurisdiction's Office of Emergency Services
Human Remains Recovery	ME/C Office and Emergency Operations Center (EOC) Logistics*
Morgue Services	ME/C Office and EOC Logistics*
Family Assistance	ME/C Office, the organization that will manage family assistance (e.g., Social Services Agency/Human Services Agency, Public Health or American Red Cross), and EOC Logistics*
Public Communications	Public Information Officer in charge of jurisdiction's risk communication plan and jurisdiction's Office of Emergency Services*
Vital Records System	ME/C Office and agency responsible for the jurisdiction's vital records system
Death Care Industry	Local funeral directors, funeral homes, cemeteries, cremation services, and the state funeral director's association
Mass Fatality Plan Maintenance	ME/C Office
Security	Local law enforcement agencies
Mass Fatality Information Systems	ME/C Office
Staff/Volunteer Processing Center	EOC Logistics
Family Concerns and Religious/Cultural Considerations	ME/C Office with assistance from local spiritual care community
Infection and Other Health and Safety Threats	Public Health
Pandemic Influenza Considerations	Public Health

*Public Health may also be involved regarding Emergency Support Function #8 responsibilities: worker health/safety, radiological/chemical/biological hazards consultation, public health information, and vector control.

Subsections

The **Overview** of each toolkit section for decedent operations includes **Key Assumptions** and a general description of the **Proposed Approach**. The key assumptions are planning and operational assumptions specific to the section. The proposed approach provides a summary of the recommended approach based on the local Advanced Practice Center's experience and state and federal guidance.

The overview is followed by a subsection that instructs local agencies on how to develop the section. This subsection titled, **Developing Your...** includes step-by-step directions for completing the applicable section for your local plan.

Under the **Developing Your...** subsection you will find, for each of the ME/C decedent operations, guidelines and a separate section on logistics.

- The guidelines are prepared for each function or station that is part of the decedent operation. It has been designed this way so that in the event of a mass fatality, the guidelines can be 'pulled out' and distributed to the station or function's supervisor and provide preliminary support in establishing procedures.
- The logistics section for the ME/C decedent functions includes information on staffing requirements, communications and information systems, equipment and supplies, and facility requirements. The logistics section can also be 'pulled out' and distributed to the Officer in Charge, Logistics Officer, and the Emergency Operations Center Logistics Officer to facilitate logistics planning and operations.

Icons Used in This Toolkit



This icon alerts you to the stakeholders that need to be involved when developing a particular section of the plan.



This icon highlights when research is needed. No need to worry...what to look for will be explained.



This icon flags information that you can use when making decisions regarding mass fatality management scalability.



Many of the steps in *Developing Your...* subsection include samples of sections that can be modified for inclusion in your plan. The samples are denoted by a note-page frame at the beginning of the sample text. Whenever you see this frame at the beginning of text under a decedent operation, language is presented that can be adapted for your own plan.

The informational sections—Security, Mass Fatality Information Systems, Staff/Volunteer Processing Center, Family Concerns and Religious/Cultural Considerations, Infection and Other Health and Safety Threats, and Pandemic Influenza Considerations—can be used as is, or customized for your plan’s appendices.

Associated Tools and Resources

Operational tools and resources are mentioned throughout this toolkit. These tools and resources are listed at the end of each section under **Associated Tools and Resources**. You may choose to replicate or adapt these tools for local use.

Before You Get Started

An effective mass fatality plan cannot be written in isolation. The importance of partnership and collaboration in planning and in emergency response cannot be overemphasized. Developing a plan through a collaborative process:

- Encourages organizations to get involved and to take ownership of the plan.
- Expands the knowledge and expertise base of the organization responsible for the plan.
- Promotes and establishes professional relationships with responding organizations.

Begin by reviewing your state law to confirm the agency responsible for mass fatality planning. The medical examiner and coroner systems in the United States range from the professionally trained, board-certified forensic pathologists to the rural county elected coroners with little medical background. In addition, some states have a state medical examiner/coroner and some do not. How ME/C operations for a mass fatality are organized in your jurisdiction is key to the development of your mass fatality plan.

While the ME/C is responsible for mass fatality management and the mass fatality management plan is a ME/C Office plan, consider teaming with another key local agency to co-lead the planning process. For example, *Managing Mass Fatalities: A Toolkit for Planning* was developed through a collaborative planning effort spearheaded by the Santa Clara County Public Health Department and the Santa Clara County ME-C Office. Based on Santa Clara County’s experience, the Medical Examiner/Coroner Office and Public Health are strong co-leaders to lead a local mass fatality planning process. The ME/C Office is the organization authorized to

develop a mass fatality plan. Public Health has a role in several areas of mass fatality management and brings its experience in community planning to the table. Together, these two organizations can lead a successful planning process.

Consequently, the next step is for the ME/C Office and Public Health to meet and discuss co-leading the mass fatality planning process. If they have not developed a working relationship in the past, for example through your jurisdiction's system for health surveillance, now is the time to initiate a working relationship.

Once local planning co-leaders have committed to their roles, review this toolkit. When you finish, you should have a good understanding of the stakeholders and why their involvement is important. You will also be aware of the wealth of information that is provided to make your job easier.



There are many local stakeholders to include in the planning process. The following is a list of key stakeholders that will work with the ME/C Office in the event of a mass fatality. In addition to identifying the stakeholder, the table includes their roles in a mass fatality incident.

You may use this table to identify participants in the planning process.

Local Mass Fatality Planning Stakeholders	
Agencies/Organizations	Representative(s) for Planning
Local law enforcement: to assist in evaluating incident/scene safety, to provide ongoing security for mass fatality management operations, and to assist the ME/C with scene investigation and identification of the deceased.	
Public Health: to serve as a first responder in medical disasters (Presidential Directive) and carry out Emergency Support Function #8 responsibilities: worker health/safety (assist in monitoring health and well-being of emergency workers; perform field investigations and studies addressing worker health and safety issues; and provide technical assistance and consultation on worker health and safety measures and precautions); radiological/chemical/biological hazards consultation (assist in assessing health and medical effects of radiological, chemical, and biological exposures on the general population and on high-risk population groups; conduct field investigations, including collection and analysis of relevant samples; advise on protective actions related to direct human and animal exposure, and on indirect exposure through radiological, chemically, or	

Local Mass Fatality Planning Stakeholders	
Agencies/Organizations	Representative(s) for Planning
biologically contaminated food, drugs, water supply, and other media; and provide technical assistance and consultation on medical treatment and decontamination of radiologically, chemically, or biologically injured/contaminated victims); public health information (assist by providing public health and disease and injury prevention information that can be transmitted to members of the general public who are located in or near areas affected by a major disaster or emergency); health surveillance (assist in establishing surveillance system to monitor the general population and special high-risk population segments; carry out field studies and investigations; monitor injury and disease patterns and potential disease outbreaks; and provide technical assistance and consultations on disease and injury prevention and precautions); and vector control (to assist in assessing the threat of vector-borne diseases following a major disaster or emergency; conduct field investigations, including the collection and laboratory analysis of relevant samples; provide vector control equipment and supplies; provide technical assistance and consultation on protective actions regarding vector-borne diseases; and provide technical assistance and consultation on medical treatment of victims of vector-borne diseases); and to maintain the Department's Emergency Operations Center.	
<i>Fire and Rescue/Hazardous Materials:</i> to assist with evaluation of the incident site/scene safety; to provide life saving operations (assist in search, rescue, and transport to care for injured survivors); to protect property from fire and fire hazards; to assist with decontamination of remains (if required) and/or to provide guidance regarding hazards at the incident site and consultation on decontamination (as required).	
<i>Emergency Medical Services:</i> to assist in recovery and transport to care for injured survivors.	
<i>Vital Records System:</i> to provide/assist in providing emergency supplies of death certificates, disposition forms and training in their use; and to register deaths and issue disposition permits.	
<i>Hospitals and Health Care Facilities:</i> to care for injured survivors; to assist ME/C in providing morgue storage space, human remains pouches, and personnel who are accustomed to handling human remains; to assist in providing medical staff for first aid/medication at	

Local Mass Fatality Planning Stakeholders	
Agencies/Organizations	Representative(s) for Planning
the mass fatality operations sites; and to assist family members of possible victims as they arrive at their doors.	
<i>Mental Health and Social Services:</i> to provide family assistance, including assessing mental health needs, mental health services, family support, and staffing call centers/hotlines; to provide disaster mental health training materials for disaster workers; to provide mental health services for staff and volunteers involved in the mass fatality response; to provide liaison with assessment, training, and program development activities undertaken by Federal, State, and local mental health officials; to provide mass care and shelter (as needed); and to provide consultation on cultural/religious considerations.	
<i>Environmental Health:</i> to assist in assessing and managing environmental hazards (e.g., help contain contaminated water run-off, establish a decontamination station, supply personal protective equipment, and provide consultation on chemical agents).	
<i>General Services Agency/Facilities and Fleet/Public Works:</i> to provide public services to include the collection and disposal of solid waste, recycling, and cleaning of streets, alleys, and waterways; to monitor and secure high quality drinking water; to operate storm and wastewater treatment systems; to maintain city owned buildings and vehicles; to perform engineering tasks; to provide assets that can support specific mass fatality operations (e.g., buildings—for temporary morgue storage, the respite center at the incident site, a temporary morgue, morgue storage space for morgue services, and family assistance—and vehicles, equipment, and drivers/staff—to provide transportation for staff and to transport human remains); and, if specialized teams are available, to deal with hazardous waste or decontamination.	
<i>Procurement:</i> to procure materials, supplies and equipment required to support mass fatality operations.	
<i>Public Affairs:</i> to establish a Joint Information Center; to serve as the principal public spokesperson for the mass fatality event; and to assign	

Local Mass Fatality Planning Stakeholders	
Agencies/Organizations	Representative(s) for Planning
field public information officers to mass fatality operations' sites to inform and manage the media.	
Office of Emergency Services: to support the local ME/C; to coordinate the integration of local, regional, state, and federal resources into the local response and recovery operations; to identify and obtain assets required in the fatality management effort; to function as the main contact for each asset; and to maintain the Emergency Operations Center.	
Death Care Industry (funeral homes, crematories and cemeteries): to manage the final disposition of human remains and to assist ME/C Office operations with staff for such support duties as transcribing case file data in the morgue, collecting antemortem data at the family assistance center, assisting with grieving families and gathering information from families regarding final disposition wishes at the family assistance center, and escorting bodies from station to station in the morgue; to assist with transportation of human remains, and to provide supplemental morgue storage.	
Spiritual Care Community: to comfort victims' families and friends, to provide religious services, and to provide consultation on cultural/religious considerations.	
Nonprofit organizations: to provide family assistance services; to assist with translation; and to provide consultation on cultural/religious considerations.	
Volunteers (both pre-registered in existing systems and spontaneous): to assist in providing services for which they are qualified.	

Setting Up the Planning Process

There are many stakeholders involved in mass fatality management. Involving these stakeholders is extremely important to developing an effective mass fatality management plan.

The stakeholders represent a wide range of people with diverse areas of expertise and tend to be

very busy managing their organizations' daily operations. It is important to design a planning process that respects this reality. Developing a mass fatality plan takes time and commitment, but there are ways to streamline the process.

Identify potential planning partners by completing the stakeholder table above. Assemble a core group of stakeholders that will function as an executive team to review materials, develop strategies, and make decisions. Bring in people (or go to them) when their expertise is most relevant. This toolkit has been designed so that key stakeholders can focus on the sections of the plan for which they have a role. Detailed substantial information is provided to assist the stakeholders in their jobs.

Your Jurisdiction's Mass Fatality Management Plan

The final product of the planning process will be a mass fatality management plan for your jurisdiction.

Plan Outline

The toolkit sections are based on the sections of a mass fatality management plan. The following is a proposed outline for the final plan.

- Introduction.
- Purpose and Objectives.
- Applicability and Scope.
- Assumptions.
- Authorities and References.
- Concept of Operations.
- Incident Notification and Plan Activation.
- Command and Control.
- Human Remains Recovery.
- Morgue Services.
- Family Assistance (ME/C functions or all family assistance functions).
- Public Communications (ME/C responsibilities).
- Vital Records System (changes in ME/C standard operating procedures).
- Death Care Industry (changes in ME/C standard operating procedures).
- Mass Fatality Plan Maintenance.

Appendices:

- Security.
- Mass Fatality Information Systems.
- Staff/Volunteer Processing Center.
- Family Concerns and Religious/Cultural Considerations.
- Infection and Other Health and Safety Threats.
- Pandemic Influenza Considerations.

Caution

This toolkit was developed in Santa Clara County, California. Many of the examples throughout the toolkit are examples that are applicable to Santa Clara County (e.g., California law regarding mass fatality management and the Coroner Mutual Aid System). While it is acknowledged several times throughout the toolkit that determining what your state's laws and regulations are is important to doing accurate planning, it is important enough to mention it again here. You will need to determine the Medical Examiner/Coroner Office and Emergency Operations Center—city, county, parish, operational area, region or state—that will have jurisdiction in the event of a mass fatality in your community.

Final Comments

A mass fatality plan must be scalable to incorporate the different needs that will depend on the nature of the mass fatality incident.

The final product—your plan—should be well organized so that users will be able to understand it, be comfortable with it, and use it to extract the information they need.

Value the byproduct of effective mass fatality management planning—the development of improved cooperative relationships and partnerships among agencies and the increased understanding of each agency's role in mass fatality management. This will mean a great deal in the event of a mass fatality in your jurisdiction.

Consider developing memorandums of understanding or informal agreements that represent planning decisions. This will allow your community to be more prepared to facilitate a timely and organized response to manage a mass fatality incident.

Beginning the Planning Process

A PowerPoint slide show is included in this toolkit. It is provided as a tool that can be used for a planning process kickoff and orientation meeting. Customize it for your jurisdiction so that it reflects the planning process you have designed.

The following pages will provide substantial information and guidance to make mass fatality planning easier. The partnerships and collaboration you develop in the planning process will make a world of difference in your response and recovery effort if your jurisdiction ever experiences a mass fatality incident.